

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SM	10864	6/12/05
RESPONSE FORMALITY REVIEW	5	905	8/01/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/01
2	✓	✓	04/02
3	✓	✓	04/02
4	✓	✓	04/02
5	✓	✓	04/02
6	✓	✓	04/02
7	✓	✓	04/02
8	✓	✓	04/02
9	✓	✓	04/02
10	✓	✓	04/02
11	✓	✓	04/02
12	✓	✓	04/02
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47	✓	✓	04/02
48	✓	✓	04/02
49	✓	✓	04/02
50	✓	✓	04/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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7-6/7  
8-2-01

06/04/01